BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

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|---|------------------|-----------|---------|--------|------|
| IN THE MATTER OF THE | : | ORDE | ER OF | | |
| LICENSURE OF | : TERMINATION OF | | | | |
| LOIS ELAINE HAM, D.O. | : | CONSENT | AGREEM | ENT | |
| * * * * * * * * * * * * * * * * * * * | | | | | |
| entitled matter coming on before | | | | | |
| Iowa State Board of Medical Exa | | | | | |
| Order terminating the Consent A | greement | entered | l into | betv | veen |
| Lois Elaine Ham, D.O. a: | nd the | Iowa S | State | Board | i of |
| Medical Examiners. The said Ex | | | | | Iowa |
| State Board of Medical Examiners | , having | reviewed | l the | file | and |
| being otherwise fully advised in | the prem | ises FIND | S: | | |
| 1. That on May 29 | , 19 <u>86</u> , | a Consent | : Agree | ment | was |
| entered into between Lois Elaine Ham | | | | | |
| Board of Medical Examiners author | | | | | |
| to practice osteopathic | medi | cine and | l sur | gery | to |
| Lois Elaine Ham, D.O. und | er certa | in terms | and p | rovisi | ions |
| and; | | | | | |
| 2. That Lois Elaine Ham, D.C |) . | _ having | compl | ied v | with |

the terms and provisions of the agreement and;

3. That the Iowa State Board of Medical Examiners having directed that the said Consent Agreement should be terminated; IT IS HEREBY ORDERED:

That the Consent Agreement entered into between Lois Elaine Ham, D.O. and the Iowa State Board of Medical Examiners on May 29, 1986, is hereby terminated.

William S. Vanderpool, Executive Director Iowa State Board of Medical Examiners

1209 East Court Avenue Executive Hills West Des Moines, Iowa 50319

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IOWA BOARD OF MEDICAL EXAMINERS

STATE OF IOWA

IN THE MATTER OF THE ;

LICENSE APPLICATION OF

CONSENT AGREEMENT

LOIS E. HAW, D.O.,

RESPONDENT

Now on this 2974 day of MAY, 1986, the lower source of Medical Examiners and Lois E. Ham, D.O., agree to issuance of a permanent license to practice esteopathic medicinal and surgery under the following terms and conditions to be in effect for a period of four (4) years:

- 1. That Or. Ham shall completely abstain from the parsonal use of all controlled substances or drugs in any form unless prescribed for her by another duty licensed, tracting physician. Dr. Ham shall advise her treating physician of her previous medical history of chemical abuse.
- 2. That Or. Haw shall abstain from the use of alcohol.
- 3. That Dr. Ham shall submit to blood and urine samples upon demand by a designee of the Board. These blood or urine samples to be used for drug and alcohol screening purposes, the cost of which shall be borne by the Respondent.
- 4. That Dr. Ham shall attend and participate in a minimum of two regular meetings of Alcoholics Anonymous per week

- and shall document such attendance in compliance with paragraph 8.C of this agreement.
- 5. That Dr. Ham shall obey all state and federal laws regarding the prescribing, administration, or dispensing of any controlled substance.
- 6. That Dr. Ham shall demonstrate the type of exemplary conduct required of a duly licensed physician in the State of Iowa.
- 7. That Dr. Ham shall obey all federal, state and local laws and all rules and regulations governing the practice of medicine in the State of Iowa.
- 8. That Dr. Ham shall submit quarterly, notarized reports stating whether there has been compliance with all the terms of this Consent Agreement. This quarterly report shall include:
 - (A) A statement that Dr. Ham has abstained from the use of controlled substances or drugs not prescribed for her by another duly licensed, treating physician and a list of any controlled substances or drugs prescribed for her by another duly licensed, treating physician. This list shall include the name of the drug prescribed, the date of the prescription and the name of the prescribing physician; and
 - (B) A statement that Dr. Ham has abstained from the personal use of alcohol; and
 - (C) A list of all Alcoholics Anonymous meetings attended to include:

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- (a) A statement of her attendance at each meeting signed by another person in attendance; and
- (b) The date, time and location of each meeting.
- 10. That Dr. Ham shall make annual appearances before the Board. Dr. Ham shall be given reasonable notice of the date, time and place for these appearances.
- 11. That in the event Dr. Ham should leave Iowa to reside or to practice outside the state, she shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside Iowa will not apply to the term of the Consent Agreement.
- 12. That in the event Dr. Ham violates or fails to comply with any of the terms and conditions of this Consent Agreement, the Board, after providing notice and an opportunity to be heard, may revoke the license or impose other licensee discipline authorized under 470-135.202, Iowa Administrative Code.
- 13. This Consent Agreement is voluntarily submitted on this 2974 day of may, 1986.

Sois C. Ham, D.Q.

Subscribed and sworn to before me this $\frac{\gamma}{2}$ day of

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Wyananda J. Poteet

Notary Public State of Missouri My Commission Expires Aug. 11, 1989 Macon County Missouri This Consent Agreement is accepted by the Iowa Board of Medical Examiners on the 2974 day of MAY, , 1986.

Hormoz Rapsekh, M.D. enairman Iowa Board of Medical Examiners